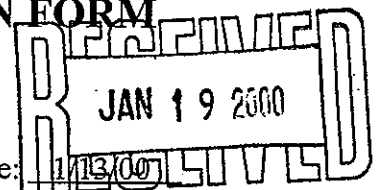


Part 5 of ~~11~~ 13

**OPERATING PERMIT APPLICATION FORM  
GENERAL INFORMATION**



CSN: 20-0004

Date: 1/13/00

**1. FACILITY PHYSICAL INFORMATION**

Facility Name:	Georgia-Pacific Fordyce, AR Plywood
Physical Address or Location:	600 W. College St.
City, County, State, Zip:	Fordyce, Dallas, AR 71742
Contact Name and Phone #:	Kenny Martindale (501) 352-6100

**2. FACILITY MAILING INFORMATION**

Organization Name:	Georgia-Pacific Fordyce, AR Plywood
Mailing Address or P.O. Box:	P.O. Box 1060
City, State, Zip:	Fordyce, AR 71742
Contact Name and Phone #:	Kenny Martindale (501) 352-6100

**3. INVOICE MAILING INFORMATION**

Organization Name:	Georgia-Pacific Fordyce, AR Plywood
Mailing Address or P.O. Box:	P.O. Box 1060      Attn: Accounting
City, State, Zip:	Fordyce, AR 71742
Contact Name and Phone #:	Kenny Martindale (501) 352-6100

**4. PERMIT APPLICATION CONTACT INFORMATION**

Organization Name:	Georgia-Pacific
Mailing Address or P.O. Box:	P.O. Box 555
City, State, Zip:	Taylorville, MS 39168
Contact Name and Phone #:	Joe Flick (601) 785-4721

CSN: 20-0004

Date: 1/13/00

**GENERAL INFORMATION (CONT'D)**

5. SIC Code (if known): 2436

6. Type of Facility: Plywood Manufacturing  
(Example: kraft paper mill, wood furniture mfg., asphalt plant)

7. Type Of Permit Application (check one):

- |                                     |                                      |  |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/>            | Initial Permit for New Facility      | If the CSN is not known, list the County location: _____ |
| <input type="checkbox"/>            | Initial Permit for Existing Facility | List permit # for any current air permits: _____         |
| <input checked="" type="checkbox"/> | Significant Modification             | List current permit #: <u>233-AOP-RO</u>                 |
| <input type="checkbox"/>            | Minor Modification                   | List current permit #: _____                             |
| <input type="checkbox"/>            | Renewal of Existing Permit           | List current permit # and expiration date: _____         |
| <input type="checkbox"/>            | Administrative Amendment             | List current permit #: _____                             |

8. Proposed Construction Date: ASAP  
Proposed Operation Date: ASAP

9. Neighboring States Within 50 Miles of the permitted facility  
(check all that apply): N/A

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Texas    | <input type="checkbox"/> Tennessee   |
| <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Mississippi |
| <input type="checkbox"/> Missouri | <input type="checkbox"/> Louisiana   |

- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| 10. Does the facility have any air conditioners or refrigeration equipment that uses CFCs, HCFs or other ozone depleting substances?              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11. Does the air conditioner or refrigeration equipment contain a refrigeration charge greater than 50 pounds per unit?                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Do facility personnel maintain, service, repair or dispose of any motor vehicle air conditioners or appliances (as defined in 40 CFR 82.152)? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. Is the facility subject to the Accidental Release Prevention requirements of §112(r)?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

N/A = Not Applicable

## ORGANIZATIONAL STATUS OF APPLICANT

Please check the box which appropriately describes the legal organization of the applicant.

Solely Owned Proprietorship ☐

Corporation ☒

General Partnership ☐

Joint Venture ☐

Limited Partnership ☐

Government Entity ☐

OTHER ☐ Please Specify:

If the applicant is corporation, indicate if it is a domestic (Arkansas) corporation or a foreign (chartered outside of Arkansas) corporation.

Domestic ☐ Foreign ☒

If the applicant is a corporation is it currently registered to do business with the Arkansas Secretary of State?

YES ☒ NO ☐

(Please note, no permit will be issued to a corporation until the proper documents have been filed with the Secretary of State. Also, note that the name of the applicant must be identical to the name of the registered corporation.)

If the applicant is organized as a partnership then list the names and addresses of all partners involved.

N/A

Attach an additional sheet if necessary

If the applicant is organized as a joint venture list the names and addresses of all of the principals involved:

N/A

Attach an additional sheet if necessary

## CERTIFICATION OF APPLICATION

"Responsible official" means one of the following:

- 1) For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:
  - (i) the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or
  - (ii) the delegation of authority to such representative is approved in advance by the permitting authority;
- (2) For a partnership or sole proprietorship: a general partner or the proprietor, respectively;
- (3) For a municipality, State, Federal, or other public agency: either a principal executive officer or ranking elected official. For the purposes of this part, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA).

I certify under penalty of law that this application and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Paul Jones

typed/printed name of responsible official

Plant Manager

title

signature of responsible official

date

Joseph Flick

typed/printed name of person preparing application

Georgia-Pacific Corporation

firm or company

PO Box 555

Taylorsville, MS 39168

address of preparer's firm

(601) 785-4721

telephone number (including area code)

# CERTIFICATION OF COMPLIANCE

"Responsible official" means one of the following:

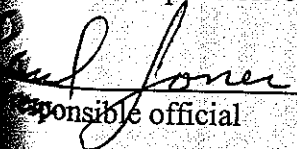
(i) For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:

- (i) the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or
- (ii) the delegation of authority to such representative is approved in advance by the permitting authority;

(ii) For a partnership or sole proprietorship: a general partner or the proprietor, respectively;

For a municipality, State, Federal, or other public agency: either a principal executive officer or ranking elected official. For the purposes of this part, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA).

I certify under penalty of law that this facility is in compliance with all applicable requirements of the Act, including any applicable enhanced monitoring and compliance requirements. The methods used for determining compliance, including a system of monitoring, recordkeeping, and reporting requirements and test methods, are described in this form<sup>1</sup>. A schedule for submission of compliance certifications during the next year (no less frequently than annually) is attached<sup>1</sup>. These attachments were prepared under the direction or supervision in accordance with a system designed to assure that personnel properly gather and evaluate the information submitted. Based on my review of the information, the information submitted is, to the best of my knowledge and belief, accurate, and complete. I am aware that there are significant penalties for providing false information, including the possibility of fine and imprisonment for knowing

name of responsible official	Plant Manager
	title
responsible official	1-19-2000
	date